

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>5628</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>William</u> <u>E</u> <u>White</u> P.O. Box, Bldg., Room No., if any <u>PO Box 6841</u> Street _____ City <u>Oak Ridge</u> State <u>Tennessee</u> ZIP Code + 4 <u>37831</u>	4. Name, file number, and address of labor organization. Name <u>Amalgamated Transit Union Local 1700</u> Labor Organization File Number <u>540-160</u> P.O. Box, Building and Room Number, if any _____ Street <u>80 West End Ave 5th Floor</u> City <u>New York</u> State <u>New York</u> ZIP Code + 4 <u>10023</u>
5. Position in labor organization. <u>Vice President/Assist. Bus. Agent</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. <div style="border: 1px solid black; height: 80px; width: 100%;"></div> 7.b. Amount. <div style="border: 1px solid black; height: 40px; width: 100%;"></div>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>William E White</u>	On <u>8/1/2005</u> Date	<u>865-425-1265</u> Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Greyhound/ATU Loc 1700 Retire. & Disab. Trus

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street C. III, 2600 Westown Pkwy, Ste 301

City West Des Moines

State Iowa ZIP Code + 4 50266

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Greyhound/ATU Loc 1700 Retire. & Disab. Trus

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street C. III, 2600 Westown Pkwy, Ste 301

City West Des Moines

State Iowa ZIP Code + 4 50266

11.a. Nature of such dealing.

I act as a Trustee to the Greyhound/ATU Loc 1700 Retirement & Disability Plan. I was appointed per Labor Agreement between Greyhound Lines, Inc. and ATU National Local 1700. See attached sheet for expenses paid and reimbursed to me.

11.b. Approximate dollar value of such dealing. \$1,962

12.a. Nature of interest held or income received.

Participant in Pension Trust in that I will receive pension benefits when I retire.

12.b. Amount. \$0

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Greyhound/ATU Loc 1700 Health & Welfare Plan

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1 Dallas Cen 350 N St Paul St 1640

City Dallas

State Texas ZIP Code + 4 75201

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Greyhound/ATU Loc 1700 Health & Welfare Plan

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1 Dallas Cen 350 N St Paul Ste 1640

City Dallas

State Texas ZIP Code + 4 75201

11.a. Nature of such dealing.

I act as a Trustee to the Greyhound/ATU Health & Welfare Trust. I was appointed Trustee per Labor Agreement between Greyhound Lines, Inc. and ATU National Local 1700. See attached sheet for expenses paid or reimbursed to me.

11.b. Approximate dollar value of such dealing.

\$1,991

12.a. Nature of interest held or income received.

Participant in the Health & Welfare Plan and receive same medical benefit coverage as other employees for myself and spouse from said plan per Labor Agreement between Greyhound Line and ATU Local 1700.

12.b. Amount.

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